PART B - FEE(S) TRANSMITTAL

2/16/10

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Exp ABELMAN, FRAYNE & SCHWAB 666 Third Avenue New york, NY 10017-5621 FEB 0 9 2010 S. Cinamon (Depositor's name) 02/17/2010 SDIRETA2 00000002 10573350 (Signature Łebruandy 9, 2010 (Date) APPLICATION NO. FILING DATE 00 FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/573,350 07/29/2008 Charlie Bae 207,527 8776 TITLE OF INVENTION: CAPACITIVE FEED ANTENNA DATE DUE APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE 03/17/2010 nonprovisional NO \$1510 \$300 \$0 \$1810 **EXAMINER** ART UNIT **CLASS-SUBCLASS** 343-7000MS HO, TAN Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list ABELMAN, FRAYNE & (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 SCHWAB "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Galtronics Ltd. Tiberias 14115, Israel Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Issue Fee Dublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overnayment to Denosit Account Number 11-0035 (euclose an extra copy of this fo Advance Order - # of Copies (enclose an extra copy of this form). overpayment, to Deposit Account Number 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Date February 9, 2010 Authorized Signature Typed or printed name Jay S//Cinamon 24,156 Registration No.

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